MODULE 7
INVOLVING MOTHERS IN CARE

Government of Sudan

Training Course on Inpatient Management of Severe Acute Malnutrition

Children 6–59 Months with SAM and Medical Complications

June 2011

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Acronyms and Abbreviations

AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
AWG	average daily weight gain
BMI	body mass index
cm	centimetre(s)
CMAM	Community-Based Management of Acute Malnutrition
CMV	combined mineral and vitamin mix
dl	decilitre(s)
ENA	Essential Nutrition Actions
FMOH	Federal Ministry of Health
g	gram(s)
GOS	Government of Sudan
Hb	haemoglobin
HFA	height-for-age
HIV	human immunodeficiency virus
IGF	insulin growth factor
IM	intramuscular
IMNCI	Integrated Management of Neonatal and Childhood Illness
IU	international unit(s)
IV	intravenous
IYCF	infant and young child feeding
kcal	kilocalorie(s)
kg	kilogram(s)
L	litre(s)
LOS	length of stay
M&R	monitoring and reporting
MAM	moderate acute malnutrition
ml	millilitre(s)
mm	millimetre(s)
MUAC	mid-upper arm circumference
µg	microgram(s)
NG	nasogastric
NGT	nasogastric tube
OPD	outpatient department
ORS	oral rehydration solution
PCV	packed cell volume
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission of HIV
QI	quality improvement
ReSoMal	Rehydration Solution for Malnutrition
RUTF	ready-to-use therapeutic food
SAM	severe acute malnutrition
SFP	supplementary feeding programme
TB	tuberculosis
UNSCN	United Nations Standing Committee on Nutrition
WFA	weight-for-age
WFH	weight-for-height
WFP	World Food Programme
WHO	World Health Organisation

Introduction

It is essential that a mother[1] who has a child with severe acute malnutrition (SAM) be with her child in the hospital. For the following reasons, she must be encouraged to feed, hold, comfort and play with her child as much as possible:

- Emotional and physical stimulation are crucial for the child's recovery and can reduce the risk of developmental and emotional problems.
- The child's mother can provide more continuous stimulation and loving attention than busy staff can.
- When mothers are involved in care at the hospital, they learn how to continue care for their children at home.
- Mothers can make a valuable contribution and reduce the staff's workload by helping with various activities, such as bathing and feeding children.

Learning Objectives

This module describes and allows you to discuss and observe:

- Encouraging involvement of mothers
- Involving mothers in comforting, feeding and bathing children
- Teaching groups of mothers about feeding and care
- Preparing for continuing treatment and feeding the child with ready-to-use therapeutic food (RUTF) at home
- Teaching mothers the importance of stimulation and how to make and use toys
- Giving advice on referral to Outpatient Care, continued treatment at home and follow-up visits
- Making special arrangements for follow-up in case early discharge is unavoidable

[1] The term 'mother' is used throughout this module. However, it is understood that the person who is responsible for the care of the child might not always be that child's mother, but rather some other caregiver. However, for the sake of readability, 'mother' means 'mother/caregiver' throughout this module, 'she' means 'she or he' and 'her' means 'her or his'.

1.0 Encouraging Involvement of Mothers

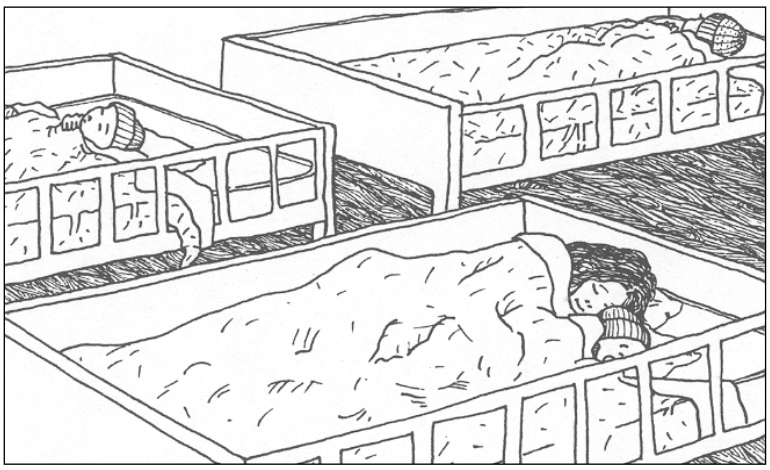
There are many ways to encourage mothers to be involved in hospital care. Mothers can be taught to:

- Feed children
- Bathe and change children
- Play with children, supervise play sessions and make toys
- Clean the ward
- Organise and/or prepare food for other mothers

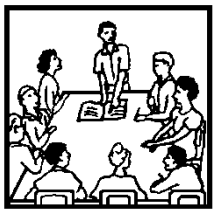
It is necessary to provide mothers with food to enable them to stay with their children. In return, mothers can help with the above tasks on the ward. It may be helpful to organise a rotation of mothers to do these tasks under supervision. In that way, each mother can make a contribution to her child's care and still have some time off duty.

The staff must be friendly and treat mothers as partners in the care of the children. A mother should never be scolded or blamed for her child's problems or made to feel unwelcome. Teaching, counselling and befriending the mothers are essential to long-term treatment of the child.

Children with SAM should be sleeping in adult beds (see picture below), where they can sleep with their mother in the night. Mothers should have a place to sit for relaxation. They also need washing facilities and a toilet, and a way to cook food for themselves. Some mothers may need medical attention and adapted food supplements themselves if they are wasted, sick or anaemic.



The staff should also make other family members feel welcome. All family members are important to the health and well-being of the child. When possible, fathers should be involved in discussions of the child's treatment and how it should be continued at home. Fathers must be kept informed and encouraged to support mothers' efforts in care of the children.



Exercise A

The group will discuss ways that facilities encourage mothers and other family members to be involved, as well as things that may hinder involvement. You may discuss examples from your own facilities and from the ward that you have visited during this training course.

Prepare for the discussion by listing a few ideas below.

Ways to encourage mothers and other family members to be involved:

Things that hinder involvement of mothers and other family members:

Tell a facilitator when you are ready for the group discussion.

2.0 Involving Mothers in Comforting, Feeding and Bathing Children

Staff should informally teach each individual mother certain skills. First, they may need to show the mother how to hold her child gently and quietly, with loving care. Immediately after any unpleasant procedure, staff should encourage the mother to hold and comfort her child.

When teaching tasks, such as feeding or bathing, staff should:

1. First show the mother how to do the task, explaining each step.
2. Let the mother try the task, assisting and encouraging her as she tries.
3. Ask questions to make sure that the mother understands what to do. For example, if you have just explained how to feed the child, ask the mother such questions as:

   What will you feed your child?
   How often will you feed him?
   How much will you give him for a serving?
4. Observe when the mother does the task independently the first time.
5. Give positive feedback, that is, tell the mother what she did well. Make suggestions for improvements without discouraging the mother. For example, say 'Let's try together to do it this way…'.

At all times, staff must communicate clearly with mothers in a way that builds their confidence in their ability to take care of their children. For example, when a clinician examines the child, he or she should explain what is happening and show the mother how to hold the child during the exam. Staff must treat the mothers as partners in helping the child to health.

Tell a facilitator when you have reached this point in the module.

Exercise B

This exercise includes two role-plays of situations in which a nurse is teaching a mother to bathe or feed a child. Your facilitator may assign you the role of a nurse or a mother. If so, you will be given some information to help you prepare for your role. If you are an observer of the role-play, you will take notes. Give specific attention to avoid forced feeding of the child.

Role-Play 1

How would you feel if you were the mother in this situation?

How did the nurse encourage or discourage the mother?

Role-Play 2

How would you feel if you were the mother in this situation?

How did the nurse encourage or discourage the mother?

3.0 Teaching Groups of Mothers about Feeding and Care

There are many topics that can be efficiently presented to groups of mothers and other interested family members. Group teaching sessions may be held on such topics as nutrition and feeding, hygiene, RUTF key messages, making oral rehydration solution (ORS) to treat diarrhoea in the absence of SAM, family planning, etc.

Staff members with good communication skills should be assigned to teach these group sessions. There may be several staff members who can take turns presenting different topics.

The selected staff **must know the important information to cover on a topic** and be able to:

- Communicate clearly in a way that mothers understand
- Prepare and use suitable visual aids, such as posters, real foods, etc.
- Demonstrate skills when necessary (e.g., cooking procedures, hand-washing, RUTF key messages, making ORS)
- Lead a discussion in which mothers can ask questions and contribute ideas

The sessions should not be limited to lecture; they should include demonstrations and practice whenever possible. Encourage questions from mothers so that the session is interactive.

Example Outline of a Teaching Session on Preparing Home Foods

An example of an outline of a teaching session for preparing home foods is provided in **Annex A**. The purpose of the teaching session is to teach mothers of children with SAM how to prepare nutritious food for children 6–24 months for eating at home when they have recovered from SAM.

The example shows nutritious complementary food prepared in Bangladesh by the International Centre for Diarrhoeal Disease Research, Bangladesh. (This example is also shown in the video that comes along with the training modules.)

4.0 Preparing the Child and Mother for Leaving Inpatient Care

4.1 Preparing for Continuing Treatment and Feeding the Child with RUTF at Home

Children in transition phase who eat 75% of the daily amount of RUTF, and whose medical complication is resolving and oedema reducing and who are clinically well and alert are referred to Outpatient Care. A weekly supply of RUTF is provided; the amount of RUTF depends on the child's body weight upon referral. Advice on feeding and care is provided to the mother (see the Government of Sudan Interim Manual: Community-Based Management of Severe Acute Malnutrition, Version 1.0 [November 2009] (CMAM Manual), Annex 15.

The dietary treatment with RUTF is managed in the home, with the children attending Outpatient Care sessions on a weekly (or biweekly) basis to monitor the health and progress of nutritional status and to replenish RUTF stocks.

RUTF Key Messages in Inpatient Care

The following RUTF key messages should be given to the mother when RUTF is introduced in Inpatient Care and repeated when the child is referred to continue treatment in Outpatient Care.

1. Do not share RUTF. RUTF is a food and medicine for very thin and swollen children only.
2. Give small, regular meals of RUTF and encourage the child to eat often (first 8 meals per day, later 5–6 meals per day). Your child should have __ packets per day. Thin and swollen children often don't like to eat.
3. Continue to breastfeed regularly (if applicable). Offer breast milk first before every RUTF feed.
4. Do not give other food. RUTF is the only food apart from breast milk thin and swollen children need to recover during their time in Inpatient Care.
5. Offer the child plenty of clean water to drink while he/she is eating RUTF. Children will need more water than normal.
6. Wash the child's hands and face with soap before feeding if possible.
7. Keep food clean and covered.
8. Keep the child covered and warm. Thin and swollen children get cold quickly.
9. Do not stop feeding when a child has diarrhoea. Continue to feed RUTF and (if applicable) breast milk.

4.2 Preparing for Feeding the Child at Home after Full Recovery

Few children remain in Inpatient Care until full recovery. When a child meets the discharge criteria (15% target weight gain, consistent weight gain, oedema free, clinically well and alert), the child is discharged from Inpatient Care and the Inpatient Care treatment ends. If possible, the mother and child are linked with complementary community health, nutrition and food security initiatives and services. If a supplementary feeding programme is available, the child will be admitted and receive supplementary food rations.

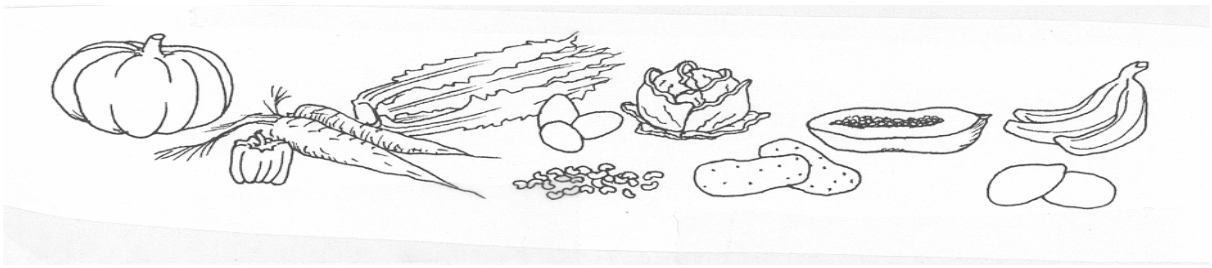
The mother will be advised to give the child nutritious complementary foods at home, as was taught during Inpatient Care and according to national Integrated Management of Neonatal

and Childhood Illness (IMNCI) recommendations or guidelines for infant and young child feeding (IYCF). For a child aged 6–23 months, this means continuing breastfeeding and giving the child two or three meals of nutritious complementary food daily. For a child aged 2 years or older, this means giving the child three meals each day, plus nutritious complementary food between meals twice a day.

But before returning home, the child must become accustomed to eating nutritious complementary foods. While the child is on the ward, gradually reduce and eventually stop the feeds of F-100, while adding or increasing the mixed diet of home foods, until the child is eating as he or she will eat at home.

Appropriate mixed diets are the same as those recommended for a healthy child. They should provide enough calories, vitamins and minerals to support continued growth. Home foods should be consistent with the guidelines below:

- The mother should breastfeed as often as the child wants.
- If the child is no longer breastfeeding, animal milk can serve as an important source of energy, protein, minerals and vitamins.
- Solid foods should include a well-cooked staple cereal. To enrich the energy content, add vegetable oil (5–10 ml for each 100 g serving) or margarine, ghee or groundnut paste. The cereal should be soft and mashed; for infants use a thick pap.
- Give a variety of well-cooked vegetables, including orange and dark green leafy ones. If possible, include fruit in the diet as well.
- If possible, include meat, fish or eggs in the diet. Pulses and beans are also good sources of protein.
- Give extra food between meals (healthy snacks).
- Give an adequate serving size (large enough that the child leaves some uneaten).



Examples of healthy snacks that are high in energy and nutrients include:

- Bread, with butter, margarine or groundnut paste (peanut butter)
- Biscuits, crackers
- Bean cakes
- Yoghurt, milk and other milk or soya milk products
- Ripe banana, papaya, avocado, oranges, mango, other fruits
- Cooked potatoes, or roasted sweet plantain

4.3 Preparing a Mother to Continue Appropriate Feeding at Home

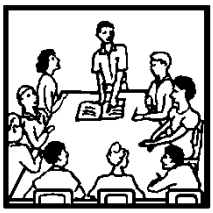
- Discuss with the mother and father (and other family members, if possible) the child's previous diet and the foods that are available at home.

- Discuss practical ways to address specific problems in the child's past diet. Be sure to involve the mother as a partner in deciding what to feed the child, so that the decisions

will be practical. Explain how to use or adapt available foods for a healthy diet that will meet the criteria listed above.

- Summarise what to feed the child, how much to give at each meal and how many meals and snacks to give. Write it down or give the mother a prepared card with feeding instructions. Use pictures for mothers that cannot read.
- Remind the mother to sit with the child and encourage the child to eat.
- Before discharge, when the child is adjusting to home foods under hospital supervision, have the mother practise preparing recommended foods and feeding them to her child.
- Review instructions before discharge and ask the mother questions to be sure she understands what to do, for example:
    - What will you feed your child? Where will you get the ingredients to prepare foods at home as you have done here?
    - How many meals and snacks will you feed your child each day?
    - How much will you feed your child at each meal or snack?
- Provide additional information and instruction if the mother needs it.

Tell a facilitator when you have reached this point in the module. There will be a brief video showing an educational session about preparing home food.



Exercise C

This exercise will be a group discussion of how hospitals can successfully prepare mothers to continue proper feeding at home. To prepare for the discussion, consider the questions below.

1. In your hospital, what will mothers be taught about feeding children at home?

    a. What mixtures of foods will make good meals in your area?

    b. What will be the main messages taught about feeding?

    c. Will you need more information before deciding what to teach?

    d. What information is needed and how will you get it?

2. Who will teach mothers about home foods and how to use RUTF in the home? How will they teach?

    a. Who is most suited to teaching mothers about feeding?

    b. How will demonstrations or examples be given in teaching sessions?

    c. How can mothers practise making home foods in the hospital?

    d. How can transition to home foods be supervised in the hospital?

    e. How can nurses work with mothers to ensure that advice about home feeding is practical and will be followed?

A group discussion of these questions will follow the video on preparing home food.

5.0 Teaching Mothers the Importance of Stimulation and How to Make and Use Toys

Children with SAM have delayed mental and behavioural development. As the child recovers, he or she needs increasing emotional and physical stimulation through play. Play programmes that begin during rehabilitation and continue after discharge can greatly reduce the risk of permanent mental retardation and emotional problems.

The hospital can provide stimulation through the environment, by decorating in bright colours, hanging colourful mobiles over cots and having toys available.

Mothers should be taught to play with their children using simple, homemade toys. It is important to play with each child individually at least 15–30 minutes per day, in addition to informal group play.

For more information, please read the CMAM Manual, Annex 17, Emotional and Physical Stimulation

Tell a facilitator when you have finished reading one of the above sections. When everyone is ready, there will be a showing of the video 'Malnutrition and Mental Development' about how to play with children to stimulate mental development.

6.0 Giving Advice on Referral to Outpatient Care, Continued Treatment at Home and Follow-Up Visits

- Staff in Inpatient Care should not retain children that are ready for Outpatient Care (children with good appetite who have their medical complications resolving and are clinically well and alert, and gaining weight).
- Complete a referral form (see the Referral Form Job Aid), including a summary section informing health care providers at Outpatient Care about the medical intervention and treatment given to the child.
- Inform the mother where to go for Outpatient Care, at the health facility closest to her community. Inform the mother about who is the outreach worker covering her community whom she can contact in case of a problem (in the case where lists have been developed at the various Outpatient Care sites and shared).
- Provide the mother with sufficient RUTF to last until the next visit to Outpatient Care (give a supply for 1 week).
- Give mothers key messages about the use of RUTF and basic hygiene. The mother is also given any remaining medications and instructions on how to use them. She should repeat these instructions to the health care provider to make sure they were clearly understood and will be followed correctly (refer to instructions in Section 4.0.)
- Inform the mother about what to do if the child's condition deteriorates before the next visit to Outpatient Care. Signs to bring the child back for immediate care include:
    - Not being able to drink or breastfeed
    - Stopping feeding
    - Development of a fever
    - Fast or difficult breathing
    - Convulsions
    - Diarrhoea for more than a day, or blood in stool
    - Oedema (swelling in feet, legs, hands, or arms)
- Inform the mother when and where to go for child health visits, immunisation and nutrition monitoring and counselling. Any currently needed immunisations should be given in the hospital and/or in Outpatient Care before discharge from treatment.
- Inform the mother about vitamin A supplementation and deworming once every 6 months and about participation at child health days.
- Inform the mother how to continue stimulating the child at home with play activities.

6.1 Referral Form and Discharge Card to Use in Inpatient Care

The referral form is filled out when a child is ready for Outpatient Care and will continue treatment at home and have weekly (or biweekly) monitoring visits in Outpatient Care.

The referral form includes information that is of use for the health care provider in Outpatient Care to take over the responsibility of the treatment.

An example of a discharge card is provided in **Annex B**. The discharge card could be used when a child has completed treatment until full recovery in Inpatient Care. It includes home feeding instructions (with blanks to be filled in) and other instructions, such as when to return for immunisations, next vitamin A supplementation, next follow-up visit, etc.

A discharge card can be useful in several ways:

- It provides instructions for home care.
- It reminds the mother when and where to go for follow-up care.
- It can serve as a letter of introduction for health care or nutrition support and for linking with community health and nutrition initiatives close to the child's home.
- It serves as a record of the child's health and nutrition status.

Note: The discharge card is not part of the CMAM Manual, but health facilities with Inpatient Care that have large numbers of children remaining in Inpatient Care until full recovery can consider using them.

The sample discharge card found in **Annex B** is intended to be folded. It may be attached to the child health record. It is recommended to adapt the discharge card for local use.

Exercise D

This exercise will be two role-plays about children that are leaving Inpatient Care and providing instructions to the mother. Your facilitator may ask you to play the role of a nurse or a mother, or you may be an observer. If you are an observer, be prepared to answer the questions below based on your observations.

Case 1

This mother and child have been in Inpatient Care for 7 days. The child, who is 15 months, has a good appetite, has medical complications that are resolving, is well and alert and eats more than 75% of his daily RUTF. The child was admitted with severe oedema (+++); it is now mild (+). The mother has already been taught carefully on the RUTF key messages. The mother has been provided a 1-week ration of RUTF and provided instructions on when to report to the nearest health facility in her neighbourhood that provides Outpatient Care for follow-up. The mother and child are ready for referral to Outpatient Care. It is now time for the nurse to review instructions with the mother using a referral form. The nurse will use the referral form. (See the Referral Form Job Aid.)

Case 2

This mother and child have been in the Inpatient Care for 18 days. The child, who is 2 years old, has reached her 15% target weight gain. The mother has already been taught carefully how to continue feeding at home and how to play with her child. The mother and child are ready for discharge. It is now time for the nurse to review instructions with the mother using a discharge card. The nurse will use the sample discharge card given in the module. See **Annex B**.

Observers please note:

1. Did the nurse review all of the points on the referral form and/or discharge card?

2. Did the nurse speak clearly and simply so the mother could understand?

3. Did the nurse ask appropriate questions to be sure that the mother understood the instructions?

4. Did the nurse offer the mother a chance to ask questions?

7.0 Making Special Arrangements for Referral to Outpatient Care, Follow-Up in Case of Defaulting or if Early Discharge Is Unavoidable

In the absence of Outpatient Care in the vicinity of the child, and if a child is leaving Inpatient Care before meeting the referral or discharge criteria, it is critical to make arrangements for follow-up of the child in the community.

For example, plan for a health care provider or community outreach worker to visit the child's home or send a message through other mothers of the same community of origin. Mothers will need special advice on continuing treatment and/or preparing nutritious complementary food at home.

In no case should a child be referred to Outpatient Care until the following conditions are met:

- Intravenous (IV) or intramuscular (IM) antibiotic treatment is finished.
- The child is eating the RUTF well (eating 75% of the daily amount).
- The child is clinically well and alert.
- The child is gaining weight.
- The mother has been thoroughly trained on how to access the Outpatient Care site close to her home and is instructed to continue treatment at home, or, after full recovery, to feed the child with energy- and nutrient-dense food at home.
- Arrangements have been made for support and follow-up in the community (e.g., contact with community outreach worker for home visits or follow-up visits to an Outpatient Care).
- The mother is instructed to return to the health facility as soon as the child's condition deteriorates.

8.0 Supporting Infant and Young Child Feeding

Annex 16 of the CMAM Manual summarises health and nutrition education messages that can be used for individual and group counselling for improving and supporting IYCF practices. It lists key behaviours to promote breastfeeding, summarises the importance of breastfeeding for infants and young children and recommends IYCF practices on breastfeeding and complementary feeding[2]. It also provides an example of a country-adapted tool for recommended foods for infants and young children.

IYCF support for mothers can target topics that:

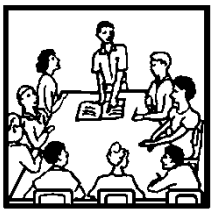
- Prevent children from relapsing after being discharged from the management of SAM
- Support exclusive breastfeeding for infants < 6 months and continued breastfeeding in addition for up to 24 months
- Prevent mothers defaulting from care upon referral to the outpatient care

[2] IFE Core Group. 2009. *Integration of IYCF Support into CMAM*, Facilitator's Guide and Handouts. Oxford, UK: ENN.

9.0 Linking with Community Initiatives for the Prevention of Undernutrition

Once children have been treated for SAM, they and their mothers and their families may be linked with community and social and economic support programmes that promote food security and support strengthening of livelihoods and income-generating activities.

Mothers may be linked with community volunteers of different sectors and report to the community development committee in their respective place of residence.



Exercise E (Optional)

Pick questions that are relevant to your context and discuss:

1. What are the reasons for defaulting? Are the reasons institutional (e.g., limited space in Inpatient Care, no food for the mothers) or personal?

2. Is defaulting or early discharge avoidable? If so, how?

3. If defaulting or early discharge is not avoidable, what are the options for handling early discharge (e.g., home visits, follow-ups by community outreach worker)? What are the advantages and disadvantages of these?

4. How can the mother be thoroughly prepared to feed the child at home?

5. Can F-100 be continued at home or can the home diet be adapted to meet the energy and nutritional needs of the child?

6. How can you best advise the mother to prevent undernutrition with IYCF practices.

7. How can the mother link with community initiatives to prevent undernutrition?

Note: A nutritional expert may be consulted to lead these discussions.

Annex A: Example Outline of a Teaching Session

Below is an outline of a teaching session that could be used with mothers of children with SAM. The purpose of the training session is to teach mothers how to prepare a nutritious food at home.

This home-based food, called *khichuri*, would be appropriate for children of ages 6–24 months when they have recovered and are eating at home. The recipe given makes 589 g of cooked food (cooked soft). The recipe provides 115 kcal and 2.9 g protein per 100 g.

The outline contains information, examples, visual aids and practice. It also includes opportunities for mothers to ask questions and contribute ideas.

Although local foods in your area are likely to be different, a similar teaching outline could be used.

Teaching Session: Preparing *khichuri* (home-based food)

Preparation: Before the teaching session, prepare a display tray with ingredients for *khichuri*. Also begin preparing a recipe for *khichuri* (see below). Have the water boiling with rice, lentils and spices as the session begins. During the teaching session you will finish the recipe.

1. What is *khichuri*?

A. **Information.** *Khichuri* is a nutritious home-based food for children. It will help children continue to recover at home. This food should be given in addition to breast milk or breast milk substitute. While this food should definitely be given to the child, the rest of the family may like this food too; if so, prepare enough for the whole family.

B. **Example.** Display the following ingredients on a tray. Call attention to the amount of each.

Rice	fistful	75 g
Lentils	fistful	50 g
Leafy green vegetables	fistful	75 g
Pumpkin	fistful	75 g
Onion (for flavour)	1 piece	
Vegetable oil	5 teaspoons	25 g
Water to be absorbed by rice	about 800 ml	

Spices (such as garlic and ginger) may be added for flavour. (If preparing for children with SAM who are still recovering, do not add salt, since sodium should be limited. Salt may be added when the recipe is made at home for the family.)

C. **Discussion.** Ask the mothers why they think these ingredients are good for children and all family members. In discussion, explain that:
- Oil, rice (or other staple, such as potatoes) are needed to give energy
- Lentils are needed to build and grow the body
- Leafy green and orange-coloured vegetables are needed to give strength and good health and also to prevent blindness.

2. How to make *khichuri*

A. **Information and example.** Describe the recipe, pointing to each ingredient on the tray as you talk. If the mothers can read, the recipe may be given to them in writing. If not, a picture recipe may be used. Tell mothers what you have already done to begin the cooking.
- Wash hands before preparing food.
- Put rice, lentil, pumpkin, spices, oil and water in pot and boil.
- Keep pot covered during cooking.
- Five minutes before rice is cooked, add cleaned, chopped vegetables.

B. **Practice.** When it is time to add the vegetables, have a mother do so. Have a mother clean and chop the leaves and add them to the pot.

3. Amount to serve

A. **Information and example.** Children should be fed five times per day. Explain that the amount in the pot is enough for two meals for a 1-year-old child. Cook it twice daily to make four meals. Increase amounts if the whole family will eat it.

Remind mothers to wash their hands before serving food and keep food covered. Do not store too long or the food may spoil.

Focus on giving this food to the discharged child until he or she is better. Then the child can shift to other nutritious family foods.

B. **Practice.** Ask a mother to wash her hands and serve two portions of food from the pot. Show mothers that this is the correct serving size for a 1-year-old. Show and describe the portion in relation to the size of the bowl or plate. Let mothers (and children, if present) taste the *khichuri*. Explain that it can be cooked longer to make it softer if the child needs softer food.

4. Discussion and review

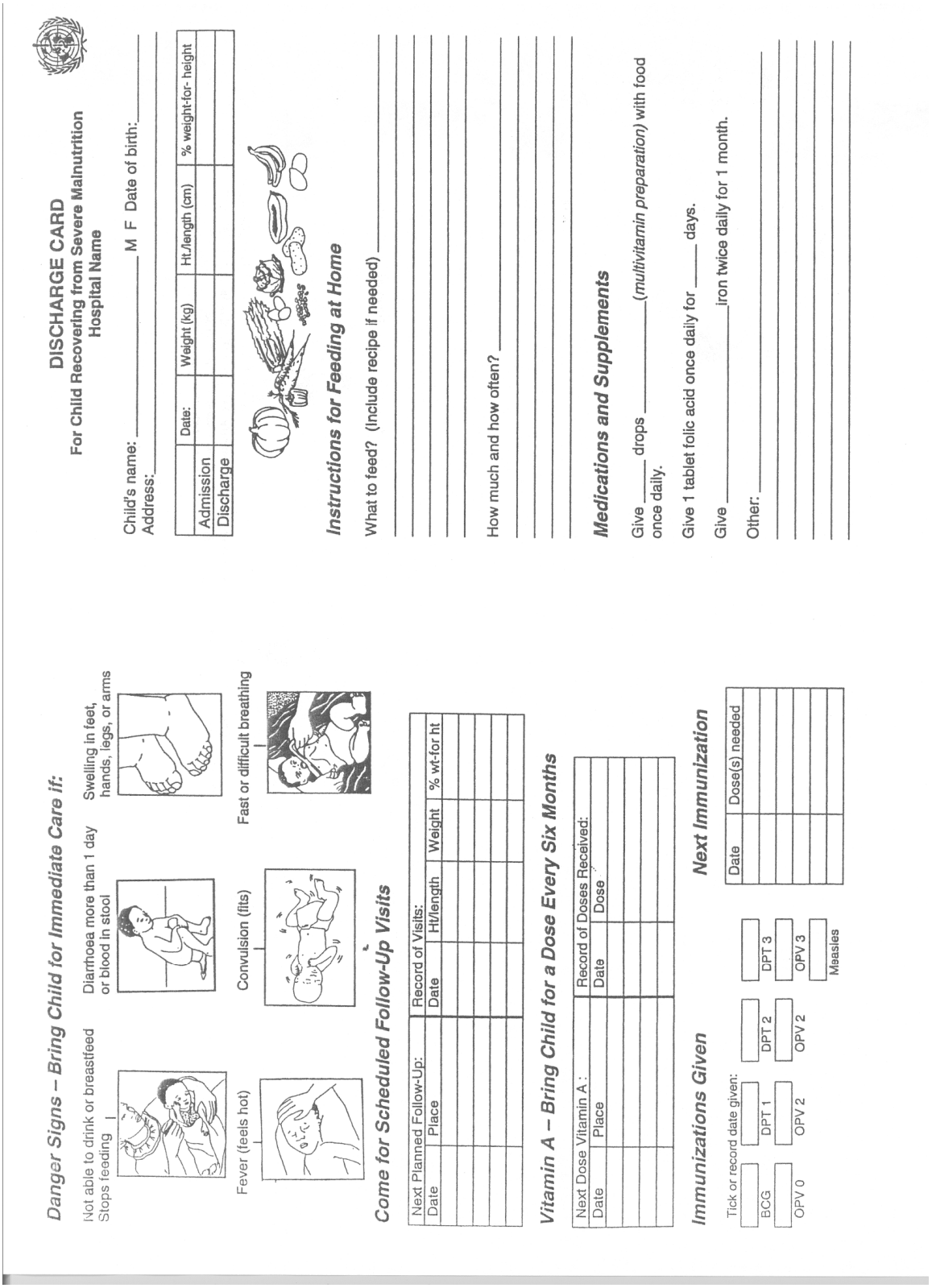
A. **Discussion.** Ask mothers questions about how they can prepare *khichuri* at home. Encourage them to ask questions as well. Include in the discussion:
- How much do you think *khichuri* costs? The price for this recipe is about 5 *Taka* (10 cents), including firewood.
- Who goes shopping for food in your family? Will they be willing to buy ingredients for *khichuri*?

B. **Review**

- What are the reasons to serve *khichuri*? To prevent and treat malnutrition, to prevent blindness, to ensure strong and good health.
- How often should you feed your child *khichuri*? ___ times per day.
- How much will you give at each meal? Show serving size.
- How will you prepare *khichuri*? Review the ingredients and recipe.

Annex B: Sample Discharge Card

This sample referral and discharge card is intended to be folded.



DISCHARGE CARD

For Child Recovering from Severe Malnutrition

Hospital Name

Child's name: _____ M F Date of birth: _____

Address: _____

	Date:	Weight (kg)	Ht./length (cm)	% weight-for- height
Admission				
Discharge				

Instructions for Feeding at Home

What to feed? (Include recipe if needed) _____

How much and how often? _____

Medications and Supplements

Give _____ drops _____ *(multivitamin preparation)* with food once daily.

Give 1 tablet folic acid once daily for _____ days.

Give _____ iron twice daily for 1 month.

Other: _____

Danger Signs – Bring Child for Immediate Care if:

Not able to drink or breastfeed
Stops feeding

Diarrhoea more than 1 day or blood in stool

Swelling in feet, hands, legs, or arms

Fever (feels hot)

Convulsion (fits)

Fast or difficult breathing

Come for Scheduled Follow-Up Visits

Next Planned Follow-Up:		Record of Visits:			
Date	Place	Date	Ht/length	Weight	% wt-for ht

Vitamin A – Bring Child for a Dose Every Six Months

Next Dose Vitamin A :		Record of Doses Received:	
Date	Place	Date	Dose

Immunizations Given

Tick or record date given:

BCG
OPV 0
DPT 1
OPV 2
DPT 2
OPV 2
DPT 3
OPV 3
Measles

Next Immunization

Date	Dose(s) needed